



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
**COMMISSION ON FIRE FIGHTING**  
500 JAMES ROBERTSON PARKWAY  
SUITE 630  
NASHVILLE, TENNESSEE 37243-0579

**Fire Officer I Local Verification**

**NFPA 1021 – 2009**

Candidate's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Local Verification Requirements**

**NFPA 1021 – 2009, JPR 4.1.2, General Prerequisite Skills**

The candidate has successfully demonstrated the ability to operate department computers and other ancillary equipment to write reports, letters, and memos utilizing provided word processing and spreadsheet programs.

The candidate has successfully demonstrated the ability to operate department computers and other ancillary equipment in an information management program.

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I have reviewed the candidate's file and affirm that the candidate identified above has met the requirements listed above. All requirements have been successfully demonstrated per local fire department protocol. All information listed above can be validated by a written and/or hard copy of the documents maintained by the department which are subject to audit by the Commission.

\_\_\_\_\_  
Fire Department

\_\_\_\_\_  
Fire Department Phone Number

\_\_\_\_\_  
Name of Training Officer (Typed or Legibly Printed)

\_\_\_\_\_  
Signature of Training Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Fire Chief (Typed or Legibly Printed)

\_\_\_\_\_  
Signature of Fire Chief

\_\_\_\_\_  
Date

**Attach to Candidate's Fire Officer I Written Application**